

**Contact Monitoring
Novel Influenza Virus**

Name: _____ Date of Birth: _____
Address _____ City: _____
Phone _____

Contact with:

- ☐ Confirmed human case (patient identifier) _____ Date of case contact _____/_____/_____
☐ Confirmed animal case

	1	2	3	4	5	6	7	8	9	10
DATE										
Passive (P) or Active (A) Monitoring *										
Temperature (check 2x daily; record temperature) AM										
PM										
Signs and Symptoms of Influenza										
Headache										
Chills										
Muscle aches										
Fatigue										
Shortness of breath (difficulty breathing)										
Cough										
Sore throat										
Nasal congestion/discharge										

* Contact surveillance for early signs and symptoms of influenza can be done through: **Passive monitoring** which relies on the affected person to contact health authorities if symptoms develop, OR **Active monitoring** which involves direct assessment (either in person or via telephone) of each contact at least once a day by a designee of the local health department.

Immediately notify state and local public health officials if fever and 1 or more signs or symptoms of influenza are noted!